

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Anthony B. Nelson

Write the full name of each plaintiff.

-against-

Diane Argyropoulous, Philip Argyropoulous, Chris
Orsaris, Alex Lettas, Victory Auto Group LLC,
Spartan Auto Group LLC, Victory Mitsubishi,
Mitsubishi North America

Write the full name of each defendant. The names listed
above must be identical to those contained in Section I.

18 CV 11413

(Include case number if one has been
assigned)

Do you want a jury trial?

☒ Yes ☐ No

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Anthony</u>	<u>B.</u>	<u>Nelson</u>
First Name	Middle Initial	Last Name
<u>12B Broun Place</u>		
Street Address		
<u>Bronx, Bronx</u>	<u>New York</u>	<u>10475</u>
County, City	State	Zip Code
<u>718-379-1755</u>	<u>tony_3258@msn.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<u>Diane Argyropoulos</u>
	Name
	<u>Address where defendant may be served</u>
	<u>County, City</u> <u>State</u> <u>Zip Code</u>
Defendant 2:	<u>Philip Argyropoulos</u>
	Name
	<u>Address where defendant may be served</u>
	<u>County, City</u> <u>State</u> <u>Zip Code</u>

Defendant 3:

Chris Orsaris

Name

Address where defendant may be served

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:
 Victory Auto Group LLC, Spartan Auto Group LLC, Victory Mitsubishi, Mitsubishi North America

Name

4101 BOSTON ROAD

Address

Bronx**NY****10466**

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

☒ race:**Black**☐ color:☐ religion:☐ sex:☐ national origin:

- ☒ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: Black

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1953

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☒ Other (may include other relevant federal, state, city, or county law):

Scammed me out of remuneration through wire fraud, internet-based manipulation and identity theft.

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☒ other (specify): Scammed me out of remuneration through wire fraud,
internet-based manipulation and identity theft.

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Over a two-year period, Chris Orsaris targeted me and harassed me on a daily basis, referring to me as Uncle Ben, Bill Cosby and other race and age-related insults. Also, Alex Lettas would see black potential car buyers and refer to them as "in the niggerative." Excluded me from the new employment agreement under Spartan Auto Group. An employee attacked me and the floor manager, Stavros Orsaris, told me to go home. As I waited for the bus at the gas station mini mart, Chris Orsaris drove up, jumped from his car, verbally assaulted and screamed in front of witnesses, "Go home and get your gun. You're fired!" In addition, they committed wire fraud and identity theft, scamming me and other sales personnel out of commission and reward monies from Mitsubishi, by changing our social security numbers in the Mitsubishi Diamond Rewards database.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 9/21/2017 and 6/29/2018

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/19/2018

When did you receive the Notice? 9/24/2018

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Pay me what's just and right for these multiple torts against me. I am asking for \$2 million dollars in damages for pain and suffering, humiliation, harrassment, wages—and rewards illegally withheld.

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

December 2, 2018

Dated		Plaintiff's Signature	
Anthony	B.	Nelson	
First Name	Middle Initial	Last Name	
12B Broun Place			
Street Address		New York	10475
Bronx, Bronx		State	Zip Code
718-379-1755		tony_3258@msn.com	
Telephone Number		Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Anthony B. Nelson**
12b Broun Place
Bronx, NY 10475

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

520-2017-03689

Roxanne Zygmund,
Investigator

(212) 336-3665**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

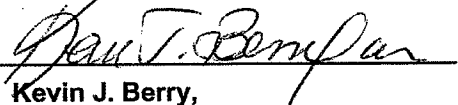
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission


Kevin J. Berry,
District Director

SEP 19 2018

(Date Mailed)

Enclosures(s)

cc:

VICTORY MITSUBISHI
4070 Boston Road
Bronx, NY 10475

520-2017-03089N

NEW YORK DISTRICT OFFICE

SEP 21 2017

DATE RECEIVED



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: NELSON First Name: ANTHONY MI: B
 Street or Mailing Address: 128 BROWN PLACE Apt or Unit #: 128
 City: BRONX County: BRONX State: NY Zip: 10475
 Phone Numbers: Home: (718) 379-1755 Work: (718) 515-2277
 Cell: (347) 520-7965 Email Address: TONY-3258@MSN.COM
 Date of Birth: 11-14-53 Sex: ☒ Male ☐ Female Do You Have a Disability? ☐ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: LESLIE ANN NELSON Relationship: SISTER
 Address: 784 COLUMBUS AVE City: NEW YORK State: NY Zip Code: 10025
 Home Phone: () Other Phone: (646) 250-7376

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets. ALL NEW

Organization Name: Victory Auto Group
 Address: 4101 BOSTON ROAD County: BRONX
 City: BRONX State: NY Zip: 10466 Phone: (718) 515-2277

Type of Business: CAR DEALER Job Location if different from Org. Address: _____
 Human Resources Director or Owner Name: DIANE Phil ARGYROPOULOS Phone: (718) 515-2277

Number of Employees in the Organization at All Locations: Please Check (X) One

☐ Fewer Than 15 ☒ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: 11-24-15 Job Title At Hire: PRODUCT SPECIALIST AUTO SALES
 Pay Rate When Hired: 20% MONTH END GROSS Last or Current Pay Rate: DIAMOND REWARDS ON BACK of NEW USCEL
 Job Title at Time of Alleged Discrimination: SAME Date Quit/Discharged: 9-18-17
 Name and Title of Immediate Supervisor: CHRIS OSARIS SHANE BALHUS

520-2017-03089N

NEW YORK DISTRICT OFFICE

SEP 21 2017

DATE RECEIVED



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

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1. Personal Information

Last Name: NELSON First Name: ANTHONY MI: B
 Street or Mailing Address: 128 BRONX PLACE Apt or Unit #: 128
 City: BRONX County: BRONX State: NY Zip: 10475
 Phone Numbers: Home: (718) 379-1755 Work: (718) 515-2277
 Cell: (347) 520-7965 Email Address: TONY_3258@MSN.COM
 Date of Birth: 11-14-53 Sex: ☒ Male ☐ Female Do You Have a Disability? ☐ Yes ☐ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: LESLIE ANN NELSON Relationship: SISTER
 Address: 784 COLUMBUS AVE City: NEW YORK State: NY Zip Code: 10025
 Home Phone: () Other Phone: (646) 250-7376

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets. ALL NEW

Organization Name: Victory Auto Group

Address: 4101 BOSTON ROAD County: BRONX

City: BRONX State: NY Zip: 10466 Phone: (718) 515-2277

Type of Business: CAR DEALER Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: DIANE Phil ARGYROPOULOS Phone: (718) 515-2277

Number of Employees in the Organization at All Locations: Please Check (X) One

☐ Fewer Than 15 ☒ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☐ More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☐ No

Date Hired: 11-24-15 Job Title At Hire: PRODUCT SPECIALIST AUTO SALES

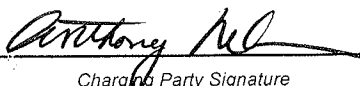
Pay Rate When Hired: 20% most end Gross Last or Current Pay Rate: DIAMOND REWARDS ON BACK of

Job Title at Time of Alleged Discrimination: SAME Date Quit/Discharged: 9-18-17

Name and Title of Immediate Supervisor: CHRIS OSARIS; SHANE BALBUS

new
vehicle

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 520-2017-03689 </div> </div>	
New York State Division Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Mr. Anthony B. Nelson		Home Phone (Incl. Area Code) (718) 379-1755	Date of Birth 1953
Street Address 12b Broun Place, Bronx, NY 10475		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Victory Mitsubishi		No. Employees, Members 30-40	Phone No. (Include Area Code) (718) 515-4600
Street Address 4070 Boston Road		City, State and ZIP Code Bronx, New York 10475	
Name <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> EQUAL EMPLOYMENT OPPORTUNITY COMMISSION NEW YORK DISTRICT OFFICE JUN 29 2018 DATE RECEIVED </div>		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <div style="text-align: right;">9-18-2017</div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> CONTINUING ACTION</div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p> I am a certified Product Specialist. I began my employment in November 2015 with Victory Auto Group which is now presently Victory Mitsubishi (Respondent). My performance has always been exceptional. In February 2016, Chris Osaris, Principle, younger white male began his employment. Osaris placed me in a hostile work environment. Osaris's cousin Alex Lettas, Manager would make racially motivated statements about people of color. I am a black man over the age of 40 and Osaris would degrade and shame me in front of customers. He called me Uncle Ben and then began calling me Bill Cosby. I have been continually harassed. I told Osaris to stop but he refused. His cousin would refer to minorities or urban looking customers as "in the Niggertive". On September 18, 2017, I was struck by another co-worker a F&I manger. He would see me making money selling cars and then find some new stupid project to take me away from the floor. He would make sure that I was removed so that I would not be making good Commission or just pay me flats on vehicles we grossed heavily on. Osaris discharged me after I was struck by another worker. I was accused of terrorist threats based on racial makeup. </p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Jun 29, 2018 Date		 Charging Party Signature	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐

FEPA

☒

EEOC

520-2017-03689**New York State Division Of Human Rights**

and EEOC

State or local Agency, if any

Osaris bellowed out of his mouth "GO HOME AND GET YOUR GUN YOU ARE FIRED". In a public gas station where he could have compromised my life if this was heard by an officer of the law. I believe I am being discriminated against due to my race and age in violation of Title VII of the Civil Rights Act of 1964, as amended and the Age Discrimination in Employment Act of 1967, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Jun 29, 2018*Date**Charging Party Signature*NOTARY – *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)